

251761

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

AA GREENVILLE
TRANSPORTATION LLP

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 331 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: DANIEL ALVAREZ ALVAREZ

Telephone: (864) 607-3636

Address: 506 CEDAR LANE ROAD
GREENVILLE SC 29611

Fax: _____

Other: _____

Email: TAXI GSP @ YAHOO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAY 14 2014
PSC

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: JULY 28, 2014

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AA GREENVILLE TRANSPORTATION LLP

506 CEDAR LAKE ROAD GREENVILLE SC 29611
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(864) 607 3636

Phone

Fax

TAXI6SP@YAHOO.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

DANIEL ALVAREZ 506 CEDAR LAKE RD GREENVILLE SC 29611

ANTONIO ALVAREZ 506 CEDAR LAKE RD GREENVILLE SC 29611

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month JULY Year 2014

Assets:

Cash	\$ 5,000
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 10,000
Garage Equipment (Net)	\$ 2,500
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets*	\$ 17,500
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

⊗ Hour MAXIMUM \$200⁰⁰

⊗ PER TRIP MAXIMUM \$500⁰⁰
FROM GREENVILLE SC TO GSP AIRPORT

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
BUICK	2000 LESABRE	1G4HP54K2YU337423	3560 LBS

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

AA GREENVILLE TRANSPORTATION LLP

Name of Applicant

506 CEDAR LAKE ROAD GREENVILLE SC 29611

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 5827.00 Limits 75,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Cypress Ins. Co.
Name of Insurance Company

3333 FARNAM, OMAHA, NE 68131
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/29/2014
Date

Bill Rott
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

AA GREENVILLE TRANSPORTATION LLP

Name of Applicant

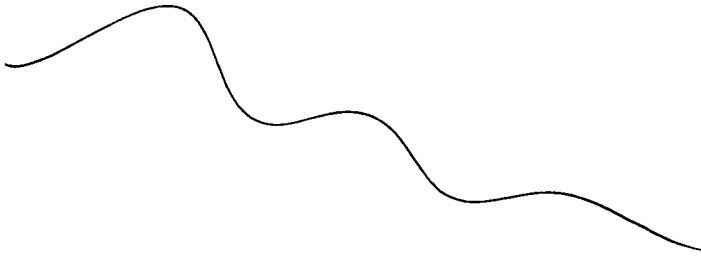
1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

N/A



2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

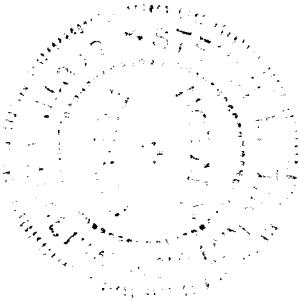
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

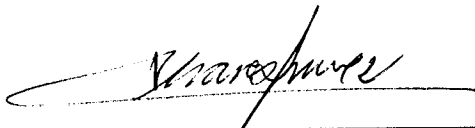
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

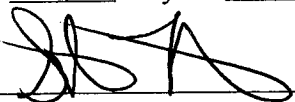



Applicant's Signature

CO-OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Anderson)

SWORN TO BEFORE ME
This 29th day of July, 20 14


Notary Public

Commission Expires April 21, 2020

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



David Alvarado

Applicant's Signature

Co Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Anderson)

SWORN TO BEFORE ME

This 29th day of July, 20 19

[Signature]
Notary Public

Commission Expires April 21, 2020

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AA GREENVILLE TRANSPORTATION LLP, A Limited Liability Partnership duly organized under the laws of the State of South Carolina and registered on July 9th, 2014, and having a duration of one (1) year from the date of filing pursuant to Section 33-41-1110 of the South Carolina Code, and that the Limited Liability Partnership has not filed a notice of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 9th day of
July, 2014

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Jul 09 2014

Mark Hammond

SECRETARY OF STATE OF SOUTH CAROLINA

140709-0078

Filed: 7/9/2014

AA GREENVILLE TRANSPORTATION LLP

Filing Fee: \$100.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION TO BECOME
A SOUTH CAROLINA
REGISTERED LIMITED LIABILITY PARTNERSHIP**

The following partnership applies for the status of a registered limited liability partnership pursuant to Section 33-41-1110 of the 1976 South Carolina Code of Laws, as amended. This registration is effective only for one year.

1. The name of the registered limited liability partnership is

AA GREENVILLE TRANSPORTATION LLP

(Section 33-41-1120 of the 1976 South Carolina Code of Laws, as amended, requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership or the abbreviation "L.L.P." as the last words or letters of its name.)

2. The business in which the registered limited liability partnership engages is

AA GREENVILLE TRANSPORTATION LLP

(Provide only a brief statement)

3. The street address of the initial registered office of the registered limited liability partnership is

506 CEDAR LANE RD

Street Address

GREENVILLE

GREENVILLE

SC

296112914

City

County

State

Zip Code

and the initial registered agent of the limited liability partnership at that office is

DANIEL M ALVAREZ

Print Name

I hereby consent to the appointment as registered agent.

Electronically filed on SCBOS. Signature not required.

Agent's Signature

(Section 33-41-1110(A) of the 1976 South Carolina Code of Laws, as amended, requires that this office be maintained.)

4. If the registered limited liability partnership's principal office is not located in South Carolina, specify the address of the principal office:

506 CEDAR LANE RD

Street Address

GREENVILLE

GREENVILLE

SC US

296112914

City

County

State

Zip Code

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

2014-07-09

6. The registered limited liability partnership has the following number of partners 2

7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 South Carolina Code of Laws, as amended, which are required of it to be a registered limited liability partnership. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date 2014-07-09

Electronically filed on SCBOS.
Refer to attached signature
page.

Signature

DANIEL M ALVAREZ

Type or Print Name

Electronically filed on SCBOS.
Refer to attached signature
page.

Signature

ANTONIO D ALVAREZ

Type or Print Name

Signature Page Attachment to South Carolina Business One Stop (SCBOS) for the State of South Carolina Secretary of State

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: REGISTRATION (LIMITED LIABILITY PARTNERSHIP)

As Of: June 30, 2014 12:29 PM

Name of Limited Liability Partnership:

AA GREENVILLE TRANSPORT LLP

Signature of Partners:

DANIEL M ALVAREZ

Name

6/30/14

Date

Signature



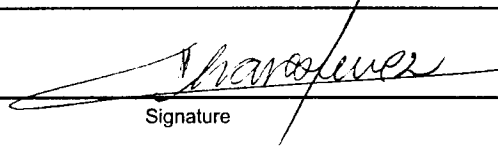
ANTONIO D ALVAREZ

Name

6/30/14

Date

Signature



Upload this completed signature page through
SCBOS using one of the following file formats only:
Adobe PDF, GIF, or JPEG. Do not mail, email or
fax this document to the Secretary of State's office.

Official Receipt

A payment has been submitted and a receipt generated based on the submission.

Transaction Reference Number:

Transaction Date: 7/8/2014 4:09:15 PM

Scheduled Settlement Date: TBD



AA GREENVILLE TRANSPORTATION LLP

Application / L/P/R Request / Fees	Date	Fee
Add New/Existing Business	7/8/2014	
Limited Liability Partnership Registration		
Filing		\$ 100.00
New Location - AA GREENVILLE TRANSPORTATION LLP		\$ 0.00
Business Personal Property Tax		\$ 0.00
AA GREENVILLE TRANSPORTATION LLP Total :		\$ 100.00
 AA GREENVILLE TRANSPORTATION LLP Total :		 \$ 100.00

Credit card/debit card used to pay the full amount listed above XXXX-XXXX-XX;

Additional Application Information



AA GREENVILLE TRANSPORTATION LLP

Application / L/P/R Request / Attachment(s)

Add New/Existing Business (Shopping Cart ID: 873996)

Limited Liability Partnership Registration

The Secretary of State will review your application. Upon acceptance, the Secretary of State will send you an email with an official copy of the Articles and a Certificate. This is a one-time event; there is no renewal. You may want to check the trash or junk email folders; sometimes the emails are moved to these folders. The 'from address' will be secstatscbos@sos.sc.gov. The payment will not be processed until acceptance.

Business Personal Property Tax

Business Personal Property Tax is a business tax on the furniture, fixtures, and equipment owned by the business. Examples include computers, copiers, chairs, refrigeration equipment, and shelving. You will receive a Property Tax Return (PT-100) one month after your accounting period closes. In most cases, the county in which the business is located will bill you for this tax.

New Location - AA GREENVILLE TRANSPORTATION LLP

SCBOS and the Dept. of Revenue have recognized that you have added a location to your business. If you applied for a Retail Sales Tax License, you can find the license number by returning to the workspace; it is under the Reference # column heading corresponding to the sales tax line item.

Add New/Existing Business

If Add New Business filing: The application has been forwarded to the Secretary of State (SOS) for their review. Upon acceptance: (1) you will receive an email indicating such and a copy of the Articles and Certificate and (2) the payment will be processed. No other corresponding Licenses/Permits/Registrations will be processed before Secretary of State Acceptance. If Add Existing Business Filing: The application has been forwarded to the AEB Administrator for their review. You will receive an email indicating acceptance or rejection. Once accepted, you may apply for a number of Licenses/Permits/Registrations. If you are Reserving or Registering Name, refer to Reserve or Register Name filing description.

Submitter Information

Name:	DANIEL ALVAREZ
User Name:	DANIEL ALVAREZ
Phone Number:	864-607-3636
Email Address:	aacarolinatransport@gmail.com

Session Recap

Add New/Existing Business (Shopping Cart ID: 873996)

Entity Type: Limited Liability Partnership (not filing as a Corporation)

Enter Entity Name:: AA GREENVILLE
TRANSPORTATION LLP

FEIN:

Type of business conducted:

Is this new or a renewal?: New

Business in which the registered limited liability partnership engages: AA GREENVILLE
TRANSPORTATION LLP

Initial Registered Office in South Carolina: 506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE
US

Principal Office if not located in South Carolina. The principal office is where the principal executive office is located. : 506 CEDAR LANE RD

GREENVILLE SC 29611-2914
GREENVILLE
US

Registered agent of entity: DANIEL M ALVAREZ

Delayed Effective Date: 07/09/2014

The registered limited liability partnership has the following number of partners: 2

Name and address of the Majority Partners. Majority Partners are the partners, which together, own more than 50% of the business. In other words, the names of those partners that constitute more than a majority in interest of the partnership. :

Partner Name	Partner Title	Partner Percentage	Partner SSN	Partner FEIN	Partner Address
DANIEL M ALVAREZ	Partner	90			506 CEDAR LANE RD GREENVILLE SC

ANTONIO D
ALVAREZ

Partner

10

29611-2914
GREENVILLE US
506 CEDAR
LANE RD
GREENVILLE SC
29611-2914
GREENVILLE US

Title:

Partner

Name:

DANIEL M ALVAREZ

SSN:

15

Partner Percentage:

90

Address:

506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE
US

Title:

Partner

Name:

ANTONIO D ALVAREZ

SSN:

Partner Percentage:

10

Address:

506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE
US

Does this business have employees in South Carolina?:

No

Enter the Partners of the company.:

Partner Name	Partner Title	Partner SSN	Partner FEIN	Percentage	Partner Address
DANIEL M ALVAREZ	Partner			90	506 CEDAR LANE RD GREENVILLE SC 29611-2914 GREENVILLE US
ANTONIO D ALVAREZ	Partner			10	506 CEDAR LANE RD GREENVILLE SC

29611-2914
GREENVILLE US

Is the owner you are about to enter an individual and not another business?:

Yes

Title:

Partner

SSN:

Name:

DANIEL M ALVAREZ

Partner Percentage:

90

Address:

506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE
US

Is the owner you are about to enter an individual and not another business?:

Yes

Title:

Partner

SSN:

Name:

ANTONIO D ALVAREZ

Partner Percentage:

10

Address:

506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE
US

Did you acquire another business, merge with another business, form a corporation or partnership or make any other change in ownership of your business?:

No

Location(s) for this business:

Location Type

General Business

DBA Name

AA GREENVILLE
TRANSPORTATION LLP

Physical Address

506 CEDAR LANE RD
GREENVILLE SC 29611-2914
GREENVILLE US

<u>Location Type:</u>	General Business
<u>Location DBA or Trade Name:</u>	AA GREENVILLE TRANSPORTATION LLP
<u>Phone Number:</u>	(864)607-3636
<u>Physical Address (Valid street address) of business location:</u>	506 CEDAR LANE RD GREENVILLE SC 29611-2914 GREENVILLE US
<u>Mailing Address of business location:</u>	506 CEDAR LANE RD GREENVILLE SC 29611-2914 GREENVILLE US
<u>Address of business location where the records for this company are stored:</u>	506 CEDAR LANE RD GREENVILLE SC 29611-2914 GREENVILLE US
<u>Location Business Phone Number:</u>	(864)607-3636
<u>Type of business conducted at this location:</u>	485310
<u>Will this location have any retail sales, transient rentals or any out of state purchases subject to South Carolina Use Tax?:</u>	No
<u>Date you first conducted business within South Carolina:</u>	07/09/2014
<u>Daytime Business Phone Number:</u>	(864)607-3636
<u>Are you interested in participating in the OSHA Volunteer Program sponsored by the South Carolina Department of Labor, Licensing & Regulation (LLR)?:</u>	Yes